P.02

Attorney Docket No.: P-1057

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled: METHODS TO REDUCE THE SENSITIVITY OF ENDOTHELIALLY-COMPROMISED VASCULAR SMOOTH MUSCLE

specification of which (ch X is attached hereto). as Annli	cation Serial No.	, and was	amended o	n	(if applicable).	
was filed on	, as Internat	as International Application (PC		, and was amended on No, and was amended on		(if applicable)	
nereby state that I have re nendment(s) referred to about th Title 37, Code of Federal plication(s) for patent or in- ving a filing date before that	viewed and understance. I acknowledge the Regulations, § 1.560 yentor's certificate list	and the contents of the duty to disclose information. I hereby claim for sted below and have alon which the priority is	ne above-identified spe mation which is materi eign priority benefits u so identified below an	ecification, in it is in the case in the c	including the claim mination of this ap 5, United States Cod	as, as amended by any plication in accordance de § 119 of any foreign	
Number	COUNTRY		DAY/MONTH/YEAR FILED		PRIORITY CLAIMI	ED	
					Yes No		
					Yes No		
g date of this application: APPLICATION NUMBER		FILING DATE		STATUS (Patented, Pending or Abandoned)		or	
60/121,727		26 February 1999		Pending (Provisional)			
hereby declare that all state true; and further that these apprisonment, or both, under application or any patent OWER OF ATTORNEY: pplication and transact all 6,835; Jennifer Bales, Regend correspondence to:	e statements were ma Section 1001 of Title issued thereon. I (We) hereby app business in the Pate istration Number 3 KRISTINE H. Jo THE OPERA G.	de with the knowledge 18 of the United State o	e that willful false state les Code, and that such rneys, with full power Office connected there heledt, Registration N TELEPHO	willful false rs of substite with: Kris tumber 33,9	ution and revocati	opardize the validity o on, to prosecute this Registration Number	
		_ See following page.	s for additional joint is Citizenship	iventors			
Full Name of First or Sole Inventor Fred S. Lamb			USA				
Residence Address - Street 4378 Indian Trail North East			Post Office Address Street 4378 Indian Trail North East				
City Solon			City Solon				
State or Country Iowa	<i>Zip</i> 52333	3	State or Country Iowa	10	Zip 52333		
DATE 2/24	1/00		SIGNATURE	11 fa	m		